

Foster Family Home - Corrective Action Report

Provider ID: 1-525420

Home Name: Marilou Mendoza, CNA

Review ID: 1-525420-11

94-595 Kipou Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 4/16/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification.

Julie A Hastings RN, BSN
Compliance Manager

M. Mendoza
Primary Care Giver

4/16/2020
Date

April 18, 2020
Date